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The Collection of Information values a discellent and U.S. Patent and Information values a discellent and Information values and Information

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			ER FILED	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								,	OR		,
TOT	AL CLAIMS CFR 1.18(c)	10	minus 20 =		l	X \$ =		OR OR	X \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		s 3	minus 3 =	.			x s =		•		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))									OR	× 3=	
							+ 8		OR	_+1	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
NT A		CLAIMS REMAINING AFTER AMENDMENT	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total (37 CFR 1.18(c))	14	Minus Ö	<u>w</u>	8		X 8=		OR	X 8 =	
	Independent (37 CFR 1.16(b))	· 3	Minus ***	3	-		x s=		OR	X \$	
A	FIRST PRESENTA	TION OF MULTIPLE	E DEPENDENT (2.AIM (37 CF	R 1.16(d))		+3 =		OR .	+1 =	
172/15 010							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1	4310	(Column 1)	,	(Calumn 2)	(Column 3)		•		•	•	
AENDMENT B		CLAIMS REMAINING AFTER AMEMBMENT	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR 1.18(c))	. K	Minus	\mathfrak{A}	•		X \$=		OR	X \$=	
	Independent (37 CFR 1.180))	$\cdot a$	Minus	3	#	1	X S=		OR	X \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5_=		OR	+5 =	
1 10 21						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1900
	7404	Acatumn 1)	(Column 2)	(Column 3)		•		•	'	, -
AENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	PR P	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	· ADDI- TIONAL FEE
	Total (37 CFR 1.18(4))	.18	Minus	$\Rightarrow 0$			X \$=		4 OR	x s=	
	Independent (37 CFR 1,1803)	· 3	Minus ***	<u>3</u>	-/		X 8=		OR	x s=	/
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+:		OR	+;	
TOTAL ADDLI									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The Trighest Number Previously Paid For" Of city or Independently is the Number ground in the previously Paid For" Of city or Independently is the Number ground in the previously Paid For" Of city or Independently is the Number ground in the previously Paid For" Of city or Independently is the Number ground in the previously Paid For" Of City or Independently is the Number ground in the previously Paid For In This SPACE is less than 3.											

The Tighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.